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THE LATE DR. ELISHA BARTLETT.

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AFTER a long illness, the issue of which has been but too plainly foreseen by all his friends, Dr. Elisha Bartlett has left us, regretted and honored throughout our whole land. His life has borne fruits to science and done good service to his fellow men in various spheres of duty. While we trust that it may find a faithful chronicler in some one of those who have been near him in its more active periods, it will not be out of place to devote a brief space in our pages to his memory. Hardly any American physician was more widely known to his countrymen, or more favorably considered abroad, where his writings had carried his name. His personal graces were known to a less extensive circle of admiring friends, and yet his image is familiar to very many who have received his kind attentions, or listened to his instructions, or been connected with him in the administration of public duties.

To them it is easy to recall his ever welcome and gracious presence. On his expanded forehead no one could fail to trace the impress of a large and calm intelligence. In his most open and beaming smile none could help feeling the warmth of a heart which was the seat of all generous and kindly affections. When he spoke, his tones were of singular softness, his thoughts came in chosen words, scholarlike yet unpretending, often playful, always full of lively expression, giving the idea of one that could be dangerously keen in his judgments, had he not kept his fastidiousness to himself, and his charity to sheathe the weakness of others. In familiar intercourse—and the writer of these paragraphs was once under the same roof with him for some months—no one could be more companionable and winning in all his ways. The little trials of life he took kindly, and cheerily, turning into pleasantry the petty inconveniences which a less thoroughly good-natured man would have fretted over. A man so full of life will rarely be found so gentle and quiet in all his ways. A man who could be so satirical must have been very kind-hearted to let the sharp edge of his intellect be turned towards his neighbors' weaknesses so seldom. None was less disposed to put on airs in any company; he was rather too modest

in coming out than too forward, though a silver-tongued speaker, to whom multitudes were always ready to listen whenever he was forced or beguiled to open his lips in public. I have been told that a distinguished foreign visitor who went through the whole length and breadth of the land, said that of all the many welcomes he received, from statesmen renowned as orators, from men whose profession is eloquence, not one was so impressive and felicitous as that which was spoken by Dr. Bartlett, then Mayor of Lowell, our brother in the Silent Profession, which he graced with these unwonted accomplishments. All these are now but pleasant memories; many eyes will grow dim as they are recalled, and many hearts beat warmly over them; when these eyes are darkened, and these hearts are stilled, the image just feebly traced will be like the shadows of yesterday.

But this is not all our friend has left after him. It is hardly necessary here to refer to his public career as a magistrate. Yet this, though its results are less palpable to the public sense than those of scientific or literary labor, was in the highest degree honorable to his talent and integrity. Every man who has held manfully for any space any office in a system of government like ours, though the records of his doings may run through the spare fingers of history and sink into the sands, has done more and greater things than he can know—for no imagination can compass that future into which his courage and honesty shall enter as elements. To have left a high and cherished name after him in an office so alien to his chosen pursuits and studies as the chief magistracy of a crowded city like Lowell, implies the possession of moral excellences as rare as the intellectual powers they accompanied. Had Dr. Bartlett fallen finally from his first love, and gone with his clear head and noble character and captivating oratory into the fatal passes of public life, it is paying our highest tribute to his virtues to say that he would certainly have been honored with the cross of high office, and at last with the crown of political martyrdom, the greenest of our civic wreaths in the times that are.

The same qualities which fitted him for a public speaker, naturally gave him signal success as a teacher. Had he possessed nothing but his remarkable clearness and eloquence of language and elocution, he could hardly have failed to find a popular welcome. Medical culture is often carried on among us by a light easy system of top-dressing. The rake is a more frequent instrument than the spade in the hands of many who are thought successful in raising the great harvest of students, the results of which are every March threshed and winnowed and garnered in our various schools. Among these, by all the qualities that give currency to the popular lecturer, by a manner at once impressive and pleasing, a lucid order which kept the attention and intelligence of the slowest hearer, and the attractions of a personal character always esteemed and beloved by students, he might have been preëminent. With such he is not to be counted. To accumulate without assimilating, to re-pro-

duce without enriching, to use rhetorical ornament to cover up the want of facts, to declaim instead of demonstrating, and to make all this pass current by an agreeable voice and easy confidence of manner; to do this is not difficult, and is both convenient and common. This was what Dr. Bartlett did not do. His courteous and guarded language hardly betrayed his estimate of the class of mental operatives that live by such services. But he has left the sharpest rebuke of the tribe to which they belong, in the sincerity and severe truth of his own writings.

As an author, Dr. Bartlett is best known to the medical world by his *Treatise on Fevers*, and his *Essay on Medical Philosophy*. Few works not based upon long series of original observations have obtained or merited the consideration of the first of these treatises. He had the art of sifting authorities and getting at their essential meaning which belongs to the lawyer. He had the breadth and fairness of mind which enabled him to weigh and decide on the masses of evidence before him; the same qualities that find their fullest expression in the voice of an enlightened judiciary. All might not accept his conclusions, but all could see that he was thoroughly faithful and honest, as well as able. Thus, his work on Fevers remains not only a most valuable monograph on these diseases, but a model for all who would produce a digest, as the lawyers call it, of whatever authentic knowledge is acquired upon any great medical question.

The *Treatise on the Philosophy of Medicine* is a work of wider aim and covering a ground open to more subtle controversy. It is the abstract expression of that phase of truth practically illustrated in the admirable works of Louis and his disciples. Clear and logical as everything he wrote, irresistible, if accepted as the development of truth in one direction, it has been reproached with throwing out of sight the higher qualities of imagination and invention in their legitimate applications to science. It is only fair, perhaps, to say that perfectly as it evolves its own conclusions, it would be less open to charges of omission if a chapter such as he himself might well have supplied, had been added upon the action of the inventive mind in the discovery of truth. The reader who will refer to the forcible and elegant lecture of Prof. Henry J. Bigelow, entitled "*Fragments of Medical Science and Art*," will find this point fully unfolded and illustrated. Not the less is Dr. Bartlett's essay of permanent excellence, because in the close logical pursuit of his chain of propositions, he has seemed to exclude principles which under another aspect his own imaginative mind would have been the first to recognize.

Everywhere through his writing prevails that easy flow of language, that felicity of expression, that florid warmth when occasion offers, which commonly marks the prose of those who are born poets. Yet few suspected him of giving utterance in rhythmic shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly

retreated from their palsied nerves, that he revealed himself freely in this truest and tenderest form of expression. We knew that he was dying by slow degrees, and we heard from him from time to time, or saw him, always serene and always hopeful while hope could have a place in his earthly future. His work was done, done nobly and gracefully, the work of an honest citizen, of a revered teacher, of a wise thinker. When to the friends he had loved, there came as a farewell gift not a last effort of the learning and wisdom they had been taught to expect from him, but a little book with a few songs in it, songs with his whole warm heart in them, they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of natural beauty and melody. The cluster of evening primroses had opened, and the night was close at hand.

No brief tribute like this can do more than show the feelings which its subject inspired in those who knew him. He has left this earthly scene of his labors too early for friendship and for science, not for himself, ripe in every virtue and ready for wider spheres of knowledge; one of the "pure in heart," who look on the unveiled face of truth during their earthly pilgrimage, and who have the promise that they shall "see God" himself when they have reached its close.

O. W. H.

AN ESSAY ON DENTAL HYGIENE.

BY A. M. HOOKER, BRISTOL, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the many misfortunes to which the human system is liable, perhaps there is none more common than loss of the teeth. Indeed this calamity is so frequent that a large part of mankind seem to look upon it as unavoidable. A careful examination, however, of the causes of this evil, will show that it is by no means impossible to prevent it. Although the teeth are greatly exposed to the action of destructive agents, reason and observation teach, that by proper care, they may generally be preserved through life. To establish the truth of this assertion, is the design of the present essay. In pursuing this object it will be proper—

First.—To notice the causes which usually occasion the loss of the teeth. And,

Secondly.—To show how these causes can be removed.

The causes which usually occasion the loss of the Teeth.—Irregularity of arrangement may be mentioned, first, as a powerful predisposing cause of the loss of the teeth. Irregularity is mostly confined to the second set. It is generally caused by the too early removal of the temporary teeth, or by their remaining too long, in consequence of tardiness in the absorption of their roots. If they are removed too early, there may be a contraction of the maxillary bones, lessening the space for the permanent teeth, and oblig-

ing them to be crowded in their arrangement. On the other hand, if they remain too long, they will stand in the way of the permanent teeth taking their proper places, and these will consequently be thrown out of the circle. Irregularity sometimes produces severe inflammation of the periosteum of the roots of the teeth, which may be followed by disastrous results to the teeth affected, and by rendering the fluids of the mouth unhealthy, to other teeth also. It, moreover, increases the difficulty of keeping the teeth clean. And cleanliness we shall see to be very important to their preservation.

Accumulation of tartar on the teeth, is another cause which frequently occasions their loss. Tartar is deposited on the teeth from the saliva, and is composed principally of phosphate of lime. When deposited, it is soft and may easily be removed. If suffered to remain, it gradually hardens. It sometimes becomes so hard, and adheres so firmly to the teeth, as to require considerable force to remove it. In color, it varies from a light to a dark brown, and is sometimes almost black. It is found in the largest quantities on the inner surface of the lower front teeth, and the outer surface of the upper molars; these teeth being opposite the ducts of the salivary glands. It accumulates much faster in some mouths than in others. In some cases the teeth become almost covered with it. Tartar renders the breath offensive, and the secretions of the mouth unhealthy. It often causes the gums to become inflamed, and gradually to recede from the necks of the teeth, and their sockets to be absorbed, so that the teeth drop out, or become so loose as to be worse than useless. Many sound teeth are lost in consequence of its producing absorption of their alveoli. Sometimes its presence causes ulceration of the gums, and a discharge of fetid matter. Many other pernicious effects may occasionally result from its accumulation.

Caries or decay of the teeth is still another, and generally the immediate, cause of their loss. Caries of the teeth is a chemical decomposition of their dentine or bony substance. It commences at some point on the surface of the bone, and gradually extends until, if not arrested, the whole of the bone of the crown, and sometimes a considerable portion of the root, is destroyed. At its commencement, it appears like a dark stain on the surface of the tooth. The enamel remains nearly sound, in many cases, until a large part of the bone is destroyed, and the first notice the individual has of the decay is the breaking in of the shell of enamel. This decomposition is the result of the action of an acid on the lime which forms a large proportion of the composition of the tooth. By a chemical change, the bone is deprived of its lime, and its texture is thus softened, and broken down; nothing remaining but organic matter, in the form of a soft gelatinous substance. This acid is present in the largest quantity when the fluids of the mouth are in an unhealthy condition; and through them, as a medium, it acts on the bone of the tooth. Decay will not take place unless

these fluids remain some time in contact with the bone. There must also be some defect in the enamel, to allow them to reach the bone, although this defect may be so slight as to be scarcely visible. Sometimes, though seldom, this acid is sufficiently powerful to act directly on the enamel, destroying that first, and then committing its ravages on the bone beneath. The enamel is sometimes corroded by a kind of greenish stain or tartar, most frequently found upon the outer surface of the upper front teeth, near the gum. The fluids of the mouth may be rendered unhealthy by the decomposition of particles of food allowed to remain about the teeth; by accumulations of tartar on the teeth, as already mentioned; by diseases of the gums, the sockets of the teeth, or the maxillary bones; by an unhealthy state of the general system; and by the exhibition of certain medicines. Decayed teeth and worthless roots render these fluids still more unhealthy, and may thus hasten the loss of the other teeth. Every successive tooth which becomes diseased hastens the decay of those before affected, and increases the danger of caries in the remaining sound ones. There is great difference in the liability of the teeth of different individuals to be affected with caries, resulting from a difference in the character of the enamel, and the texture of the bone of the tooth. The thicker and harder the enamel, and the denser the bone, or the greater the proportion of lime these contain, the less the liability to decay. Regular teeth, *ceteris paribus*, are also less likely to become carious than those irregular in their arrangement.

We have shown what causes usually occasion the loss of the teeth, and now let us see

How these causes can be removed.—1. If the teeth of the second set are irregular in their arrangement, they should, if possible, be regulated. Means to accomplish this end should be employed as soon as possible after their appearance. Before the 14th year, judicious endeavors to regulate the teeth will generally be successful. After this period, there will be less probability of success, though the object may sometimes be effected as late as the 20th year. That is a false kindness which induces parents, from fear of causing pain to their children, to neglect this matter. A little pain now may prevent much hereafter. A judicious firmness, on the part of the parent, may secure to the child a set of well-arranged teeth, which, in after life, will be sure to be most highly prized. By proper care during the shedding of the temporary, and the appearance of the permanent teeth, irregularity may generally be prevented. During the time occupied by the process, or from the 5th to the 14th year, the mouth should be examined frequently, and proper means employed to secure regularity in the arrangement of the second set. We have stated that premature loss of the temporary, is one cause of the irregularity of the permanent teeth. Great care should be taken, then, of the temporary teeth, in order to prevent the necessity of their removal in consequence of disease, before the permanent teeth are ready to take their places.

This matter is too generally neglected by parents. They are apt to think, that as the teeth of the first set are soon to be removed, to give place to those of the second, it is unnecessary to pay much attention to them. But, to say nothing of the comfort of the child, not only the regular appearance, but also the perfect formation of the permanent teeth, require that great pains be taken to preserve the temporary, in a healthy state until they are removed by the absorption of their roots. Upon the condition of the temporary, will depend very much the durability of the permanent, teeth. The teeth of the second set, during their formation, being imbedded in the jaw, in close proximity to the roots of the first set, disease in the latter may be transmitted to the rudiments of the former, and interrupt the process of their healthy formation; and when they pierce the gum, they will be ill prepared to withstand the action of the destructive agents by which they are surrounded. If, then, parents wish their children to enjoy through life the blessing of sound teeth, they must see that proper care is taken of the first set. From neglect of this care, proceed most disastrous results, besides increased liability in the permanent teeth to premature loss. Long before the appearance of the permanent, many of the temporary, teeth are often destroyed, and the child is doomed to suffer the evils which invariably follow disease and loss of these organs.

2. If there is any tartar on the teeth, it should be removed with proper instruments. Notwithstanding the prejudice that has existed, with some, against this operation, it is, nevertheless, absolutely necessary to the preservation of the teeth. Instruments are the only sure means by which it can be removed. In the hand of a skilful operator, no harm can result from their use. No acid, or washes containing acid, should ever be employed to remove tartar. From the similarity in the composition of tartar and enamel—both consisting principally of phosphate of lime—it is certain that any acid which will dissolve one, will act on the other also. After tartar has been removed, its re-accumulation should be prevented, as much as possible, by the frequent use of the brush. If there is much tenderness of the gums, a soft brush may be used until they become healthy, when a stiffer one may be substituted. Tenderness and bleeding of the gums is no excuse for neglecting the brush. The bleeding caused by the friction of the brush tends greatly to reduce the inflammation, and to restore a healthy action. When the gums become sound, the bleeding will cease.

3. Great care must be taken to prevent caries, and to arrest its progress where it has already commenced. To this end, it is most important to keep the enamel free from injury, and the secretions of the mouth in a healthy state. While the enamel remains sound, there is no danger of decay. Caries never commences within the tooth, but always on the surface. The enamel may be injured by mechanical violence, as biting hard substances,

or using powders or pastes capable of scratching it; or, as we have seen, by cleansing the teeth with acids, or preparations containing acids. If the fluids of the mouth are kept pure, the generation of the acid which produces decay will be prevented. The causes which usually render these fluids unhealthy have been mentioned. Now let us see how their evil effects are to be guarded against. Particles of food, remaining about the teeth, should be removed with a brush, or a goose-quill tooth-pick. Diseased teeth which cannot be restored to health, and worthless roots, should be extracted. This is a matter of very great importance. The mouth cannot be in a perfectly healthy condition while these remain. Disease of the gums, and of the alveoli, generally yield very readily to proper treatment. Disease of the maxillary bones is much more rare, and is apt to be more formidable. But neither the gums, sockets, or jaw bones, are often diseased, when proper care is taken to prevent and remove irregularity, and to keep the teeth perfectly clean. As constitutional diseases often vitiate the secretions of the mouth, the health of the teeth demands that attention be paid to the health of the general system. If this be done, there will also be less danger of injury to the teeth by the exhibition of medicines which may corrode the enamel, or vitiate the fluids of the mouth. In sickness, the teeth should be kept as clean as the patient's condition will permit. After taking acids it may be well, when practicable, to rinse the mouth with some alkaline solution, as soda in water. Immediately on recovery from severe illness, the mouth should be examined, that any injury which may have resulted to the teeth may be remedied in season.

If taken in time, caries may always be arrested. This is sometimes done, in its commencement, by entirely removing the decayed spot with a file. After a tooth has been filed for the removal of decay, particular pains should be taken to keep the filed surface clean. This disease is generally treated by first thoroughly cleansing the cavity from decayed matter, and then filling it with gold so as entirely to prevent the access of the fluids of the mouth to the bone of the tooth. The cause being thus removed, the progress of the decay is stopped. To be sure of success, cavities should be filled before the nerve becomes exposed. The operation may often be successfully performed, however, after its exposure. But in such cases there is more or less danger of subsequent trouble. It is of the utmost importance that this operation be always properly performed, for a tooth badly filled may be in a worse state than if not filled at all.

From the preceding facts we conclude that the great preservative of the teeth is cleanliness. Cleanliness tends greatly to keep the fluids of the mouth in a healthy state, and if they are vitiated, to prevent their remaining long enough in contact with the teeth to produce decay. The teeth should be cleansed at least once every day, with a brush and water. If the enamel cannot be kept free from stain without, a tooth-powder may be used as often as neces-

sary. They should also be examined occasionally, by a skilful practitioner, that suitable means to prevent or remove their diseases may be employed in season.

We have seen what causes usually occasion the loss of the teeth, and that by the timely use of proper means their evil effects may be prevented. Why, then, may not the teeth generally be preserved through life? There are accidental causes, beyond our control, which sometimes occasion their destruction; but in general we may affirm, that where the teeth of the second set are of good shape, firm texture, regular in their arrangement, and kept constantly clean, there is but little danger of their loss.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO IV.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Med. and Surg. Journal.]

Case of Fracture of Base of Cranium.—Patrick R., aged about 50, was brought into the hospital on Thursday, October 10th, 1850. He was insensible, with stertorous breathing. Mr. Sawyer (Dr. Sawyer, of San Francisco) gave him a stimulating enema, and applied some external stimulants. I saw him at 4, P.M. His pulse was 80, small and feeble. Respiration stertorous. Chest filled with moist rales. Could be only partially roused, and if uncovered his whole attention was directed to covering his penis. The sensibility was much impaired everywhere; the right side of the body was almost insensible. Eyes closed. Left pupil firmly contracted, so much so that it would not, apparently, have admitted a cataract needle, and motionless. Right pupil at least four times the diameter of the left, and also motionless. Conjunctivæ slightly congested. Hearing almost totally extinct. No irregularity about facial muscles.

There were three contusions upon the head. (A) On the left side, near the junction of the parietal and occipital bones, laying bare the cranium, and in form of an inverted Y, having the appearance of being made with the solid angle of a cube, as the corner of a board. Through this the fractured outer table could be felt with slight depression. (B) The second wound was over the left parietal bone, about four inches from the first, of the same form, and also cutting through the pericranium. No fracture could be felt here. (C) A simple contusion over the left malar bone, and under the outer angle of the eye.

He lived till the 13th, at 12½, P.M., having once only been roused sufficiently to give his name, and some slight account of being attacked by two men, one of whom struck him with a board.

Autopsy, at 2½, P.M., October 14th. Rigor mortis very marked. The wound A fractured the skull, breaking out a piece of the

left parietal bone, at its junction with the right parietal and occipital bones. This piece was of the outer table only, triangular, containing perhaps half a square inch of surface. Externally the fracture extended upward to the right across the sagittal suture, and at an angle of 60° in the opposite direction; downward in a vertical direction to the base of the skull. On removing the skull-cap it was found that the internal table showed the same fracture, extending downward and around the foramen magnum to the left, and into that foramen on the left side a little in advance of its centre. Internally there was an effusion of blood over both orbits external to the dura mater, on one side to the amount of about a drachm. On removing the dura mater and brain about $\frac{3}{4}$ iv. of coagula was found upon the brain on its upper and lower surfaces, mostly on the left side. There was, perhaps, an ounce more under and between the lobes of the cerebellum. The brain was much congested, but of natural consistence. The extension of this fracture ruptured the longitudinal sinus. At wound B there was simply effusion of blood under the integuments.

No other signs of disease.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Ascites—Recovery.—(Under the care of Dr. PERRY. Reported by CALVIN ELLIS, M.D.)—T. McL., an Irish mechanic, 36 years of age, entered the Hospital on May 27th, under the care of Dr. Shattuck. He then reported that, with the exception of a slight swelling of the legs, seven years previous, he had enjoyed good health until December, 1854, when the lower extremities began to swell, and, soon afterwards, the abdomen. He very soon gave up work, and the difficulty increased to such an extent, that it was found necessary to tap him. This afforded but temporary relief, and the operation was repeated three times before his entrance, the longest interval being four weeks. At the operation on May 12th, which was the last, fifteen quarts of serum were withdrawn, this being the amount taken twice before.

When first seen he was sitting up. Countenance pale. Skin cool, particularly that of extremities. Pulse S2, small, regular. Abdomen quite distended and fluctuating. Lower extremities œdematous. Tongue glistening and of a light red color. Appetite and digestion both good. He had taken much active purgative medicine. Cough quite troublesome, with albuminous expectoration. On examination of the urine a few days after, nothing remarkable was discovered. An aperient draught was prescribed, a diuretic mixture applied to the abdomen, and extract of conium ordered at night. No improvement took place, and on July 3d, when he came under the care of Dr. Perry, there was more œdema of the lower extremities; the urine did not exceed Oj. in 24 hours, and the appetite was failing. The former medicines were omitted, and for them was substituted a pill composed of opium, gr. 1-4; digitalis, gr. 1-2; squills, gr. j.; pil. hydragryi, gr. ij., three times daily. He, notwithstanding, continued to enlarge, and was tapped on June 15th, when four gallons of serum were re-

moved. On the following day the pill above mentioned was omitted, and elaterium, gr. 1-2, ordered to be taken every night. This not having the desired effect, was increased to gr. j. on the 25th. On the 28th he was much better. There was less fulness of abdomen; less fluctuation; and the œdema of the legs had diminished. On the 30th he was reported to have lost 14 pounds in six days. He could button his pantaloons as well as usual over the abdomen, which was everywhere resonant. The urine afterwards increased in quantity; he gained strength; the effusion did not return, and he remained in the house, occasionally taking elaterium, until July 27th, when he was discharged.

Yellow Softening of Liver.—(Patient under care of Drs. SHATTUCK and STORER. Reported by Mr. J. C. WHITE, Medical House Pupil.) May 7th. J. S., æt. 61, had led an idle, unsettled life, and had been accustomed to high living and stimulants from youth up, sometimes drinking to excess. Had spent much of his life in the country, hunting and fishing. Health had been good, with exception of cough continuing from boyhood. Last September, while on a shooting excursion, drank to excess, was exposed to wet, and took cold. Two or three days afterwards felt sharp pain in calves of legs, which extended to knees and subsequently upward, accompanied with considerable swelling, which has continued up to the present time, with some intermissions.

Some hardness of the cellular tissue was observed on examination of the legs; little or no œdema. Erythematous eruption on skin, with prurigo. Abdomen rather full and flabby; flat from an inch below umbilicus downward; quite resonant superiorly. Fluctuation. Pulse 80, regular, small. Tongue reddish, glistening. Appetite good. Bowels regular.

Treatment, from this time up to June 11th, consisted in administration of tonics, under which he rapidly improved; so much, in fact, that he walked a mile or two about the streets of the city, whereas, on entrance, he walked across the room with difficulty. During this time he was troubled occasionally with diarrhœa; and had chilly turns and cough, all of which were relieved. Rejected food at times, also, though he never had bilious vomiting. Appearance of stools natural as to color. Urine normal, with exception of light specific gravity—1.013.

June 11th.—Was transferred, by request, to a private room; where, under less restraint, he took brandy freely at times.

18th.—Returned this A.M. to ward 7. Had diarrhœa checked by "*diarrhœa mixture*." Looked much more feeble.

20th.—Injured wrist yesterday, pain from which caused him to pass a restless night. Alcohol and water dressing applied, with much relief.

21st.—Had a restless night, requiring watching; now, appears quite languid. Pulse 108; extremities cold; dyspnœa. Seems indifferent to things about him, and answers questions only with very slow utterance. Became delirious during latter part of the day. At 9, P.M., he was unconscious; respiration slow and stertorous. Died at 10 1-2.

Extracts from report of autopsy twelve hours after death.

Left Pleural Cavity contained 3xvj. serum. No adhesions. Lungs œdematous, but crepitant. *Trachea* and primary *bronchi* ossified. *Pericardium* contained 3ij. of serum. *Aorta* studded with atheromatous deposits, interspersed with a few calcareous plates. Considerable dilatation of ascending portion and arch—measuring four inches in circumference.

Liver.—Weight 3 lbs. 5 1-2 ounces. External surface mostly smooth, but somewhat granular around the anterior edge. Lobular structure still

visible through the capsule. Substance of a greenish-fawn color, with here and there some vascular points such as are frequently seen in or around the lobules. The tissue of the whole organ was exceeding soft and friable, particularly at posterior portion, where a small part was almost deliquescent; and closely resembled a pale-red, softened spleen, on account of the intermixture of blood. The cut and torn surface presented everywhere a granular or lobulated appearance. On examination under the microscope, it was found to be exceedingly fatty. The hepatic cells were irregular in their shape, shrunken and granular. They would hardly have been recognized as belonging to the liver. *Gall-bladder* normal. *Spleen* almost deliquescent, and small.

Weight of *Kidneys* 3 1-2 oz. each. The external surface had a somewhat granular appearance, mostly of a pale yellow or whitish color, with small vascular portions intermixed, and presented numerous shallow depressions from 1 to 3 three lines in diameter, looking like the cicatrices often seen in connection with small serous cysts, one of which was noticed. Three small yellow deposits, from 1-2 to 2 lines in diameter, resembling concrete pus or soft tuberculous matter, were seen just beneath the surface of one of the organs. At one point in right kidney was a deep cicatrix 3-4 of an inch in diameter. Here the capsule was firmly adherent, but elsewhere easily separated. On incision the cortical portion was rather light colored, and somewhat thin in places corresponding with the depressions on the surface, but not otherwise remarkable. On microscopic examination, the cortical substance was found to contain much fat, both free and contained within the cells. The tubular portion also contained granular and fatty matter.

Other organs nor remarkable.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th.—*Molluscum*.—DR. BETHUNE had had another case of this affection since his late report of one.—(*Feb. 12th, 1855.*) He had never seen the disease previous to meeting with it in the first of these patients, and the close conjunction is remarkable. The last patient presents only a single tumor on one of the cheeks. The characteristic milky exudation is observed.

Dr. DURKEE saw a young lady, ten days since, who had eight or ten molluscous tumors, of the size of a common pea, upon her face, and one upon her chest. Under the microscope, the contents of these tumors were proved to be epithelial; the substance was *hard* instead of being soft, as is usual: epidermic scales and sebaceous matter were also observed. On the outer surface of one of these tumors was imprinted the form of a hair-follicle. In another, the sebaceous matter was destroyed, and the other materials only remained.

[The following cases, reported at the two next subsequent meetings, are inserted here, for the purpose of more closely connecting accounts of the same disease.—SECRETARY.]

APRIL 23d, 1855.—Dr. PUTNAM said he had had three cases of molluscum, each lasting for from three to four years, and then the tumors fell off. Occasionally, these tumors will grow red, and a fluid resembling pus will form; a scab subsequently forms. Dr. P. believes that none of the tumors

seen here have a malignant character. A child, now under his care, has from twelve to twenty tumors of molluscum upon it, varying in size from that of the head of a large pin to that of a pea.

MAY 14th, 1855.—Dr. ABBOT stated that he had a patient with molluscum, and that the disease very closely resembled that in the case lately reported by Dr. Putnam. There were from twelve to twenty tumors of the size of a pin's head, and from this upwards to that of a small pea. They were situated upon the back of the neck, the shoulders, and under the arm. They were easily destroyed by the application of nitrate of silver.

In reply to a question from Dr. J. B. S. Jackson, Dr. A. said that there was no "milky exudation," but a white, curdy substance appeared within a small orifice at the summit of many of the tumors.

APRIL 9th, 1855.—*Additional Particulars in the Case of Paralysis of the Third Right Nerve, Reported Feb. 12th, 1855.*—[Bost. Med. and Surg. Journal, April 19th, 1855.] By Dr. BETHUNE. The eye is still somewhat everted, but less so than formerly, and the patient can, by an effort, bring it quite straight. The eye is turned *directly outwards* (showing the action of the superior oblique); the dilatation of the pupil has nearly gone. The following was the order of the recovery:—*First*, The iris began to regain its power. *Secondly*, The levator palpebræ recovered its action gradually. *Thirdly*, The eye-ball could be inverted to a certain extent.

Bibliographical Notices.

Clinical Lectures on Paralysis, Disease of the Brain, and other Affections of the Nervous System. By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Lindsay & Blakiston. 1855. Svo. Pp. 311.

This volume comprises the lectures of Dr. Todd on diseases of the nervous system, delivered in King's College Hospital, during the last ten years. The greater part have already appeared in the London Medical Gazette, where they at once attracted much attention, both from the high reputation of the author and from their intrinsic excellence. Though lacking the system and method of a treatise, we know of no work which possesses a higher practical value on this class of diseases. The style is simple and clear, the precepts forcible and sensible, and the illustrative cases, which are numerous and succinctly stated, carry conviction to the mind of the reader. On the subject of treatment, we consider this work invaluable. Dr. Todd condemns the system of indiscriminate depletion, which, even in these enlightened times, prevails much too widely. He shows that a large number of cases presenting cerebral symptoms are accompanied by too small an amount of blood in the brain, and are likely to be aggravated, rather than benefited, by abstraction of the vital fluid. As an illustration of this, we quote the following remarks on the treatment of apoplexy.

"There is a practice, unfortunately too common, but which, I think, is every day becoming less common—namely, following an attack of apoplexy by depletive measures, very much as a matter of course. However applicable such a mode of treatment may be to strong, young, hale and plethoric subjects, I presume no one will say that it is very well adapted to patients who have passed the meridian of life, whose blood and tissues are more or less contaminated by morbid matters, and with whom a morbid state of the arteries of the brain has already greatly weakened the nutrition of that or-

gan. The case, indeed, which I have just detailed to you, is one of many which proclaim loudly that a depletory system ought not to be pursued indiscriminately, or even generally, in apoplectic cases."

"Let me add, that it sometimes requires the exercise of no small courage and self-possession to resist adopting that practice; for the popular feeling, led by a formerly too prevalent medical practice, is entirely in favor of it, and would readily condemn a practitioner as guilty of the death of his patient who suffered him to die unbled. It is a far more dashing and courageous thing to open a vein on the spot, and in the presence of a number of anxious friends, than to adopt less showy, and apparently less active, measures."

We feel that we can hardly say too much in praise of this valuable work, which we could wish in the hands of every practitioner of medicine. The appearance of the work is highly creditable to the publishers. It is for sale in Boston by Messrs. Ticknor & Co.

"*Search out the Secrets of Nature.*" The Annual Discourse before the Massachusetts Medical Society, at Springfield, June 27th, 1855. By AUGUSTUS A. GOULD, M.D. Pp. 56.

This discourse is a most seasonable and appropriate production. Appropriate, in that it sets forth with singular clearness, and in elegant language, the true province and duties of the physician; seasonable, it would be, at any time;—never more so than at present, when the not always wise curiosity of the public mind leads laymen to dabble in therapeutics, frequently to their serious detriment; and when also, the profession at large have so nearly escaped from the shackles of that routine practice which could see no good in anything but drugging the disordered system. To practitioners, the writer holds up the motto, at once so noble in itself and so safe in its guidance, "*Natura duce*;"—may its blazon never be less!

Remarkably conversant with the revelations of "Nature" in most of her varied and deeply interesting aspects, and with mature experience as a physician, we know of no one who could more fitly than our author adopt and elucidate the theme of this address. It is not, we venture to say, an easy task so to set forth the subject as that it shall not be misunderstood. When the admirable collection of papers entitled "*Nature in Disease*" made its appearance, many unprofessional readers gave to certain passages an interpretation which we knew to be quite foreign to the intention of the learned author. It was not an infrequent remark to us, "Well, doctor, we shall do without medicine now, it seems;"—and, "So, 'your occupation's gone,'" &c. Sometimes these commentators could be set right; often, not so: thus good and evil have been effected.—"*Sed magna est Veritas et prevalebüt!*"

Whoever will regard the whole scope of Dr. Gould's address, with its caveats, will not accuse him of distrust in medical science, or in the efficacy and importance of drugs; he has, so far as it could be done within the limits of a brief discourse, explained how far Nature can be trusted, and when, and why, she cannot effect a cure.

"Nature, therefore, cannot be left entirely to herself: it is for Art to stimulate, restrain, and guide her efforts, and to interfere whenever they are deficient, excessive or wrongly directed."—(P. 17.) We wish our author had said (as he could say), with a view to the enlightenment of the public, what the relation of the physician is to them; the world at large are too apt to look upon the medical man as a *dernier ressort*, an awful aggregate

of leeches, lancet, and pills, and whose manipulations they must avoid, if they *can live* without them, and to which they fear they will succumb if they encounter them. Now if some one would undertake the almost desperate task of patiently endeavoring to convince people that the honest physician is indeed their best friend in illness, a counsellor, to give early advice and forestall urgent disease, instead of a forlorn hope to be called upon when presumptuous neglect or tampering has brought them within the very jaws of impending death—it would be a real boon conferred upon both patients and their medical attendants.

We find one illustration so apt, that we insert it here.—“He (the physician) may be compared to the pilot. If the vessel is on its proper course, with a steady wind, as it often is for hours and days in succession, what necessity or propriety is there in constantly agitating the helm this way and that? *So the physician must be on hand, and vigilantly watch the aspect of his patient and the course of the disease*—quiet, if he is satisfied that all goes right; ready and prompt to interfere if anything goes wrong.”—(P. 19.)

We have italicized a portion of the sentence, because it so well illustrates the office of the physician, which is that of a careful watcher or sentinel more than that of a combatant, in which latter capacity, however, we all in many emergencies find ourselves, and when even those most skeptical in, or wholly unacquainted with, medicine, see the necessity of the promptest and most skilfully directed action.

That indiscriminate drugging and polypharmacy are both senseless and very injurious, we believe has been, for a long period, fully admitted; yet we do not class ourselves with those who seem to have no faith in medicinal agents; while the list of actual *specifics* is but very small, we think that remedies of well-known efficacy should not be lightly laid aside, or, what is quite as objectionable, resorted to without any confidence, or even hope of benefit. If the patient see that his physician appears to place no reliance upon what he gives, the result will be, almost certainly, null, or even injurious. Dr. Gould thus remarks concerning drugs:—

“Drugs, in themselves considered, may always be regarded as evils; for, though they may benefit some organ or function, they must almost necessarily affect some others injuriously. They are to be avoided, except when they are the less of two evils—when they induce a tractable instead of a troublesome affection, or accomplish some object without which great harm would ensue.”—(P. 21.) A judicious verdict upon the malefactors! We concur, but beg to put in a demurrer on a certain point. Should drugs be stated to be “always” evils? Is it absolutely certain that they always, “almost necessarily” do injury to the organs on which they immediately act, or to others more remote? We are no advocates, as will have been seen by our previous remarks, for drugging, but we do believe that a “masterly inactivity,” while in many cases it is just the thing, in more instances than is suspected, admits the enemy by the breaches.

Nothing of this we believe can attach to our author, who, though he leans to proscription rather than prescription of medicines, yet avers that we must not only select remedies that will tell on the particular disease or symptom, but likens treatment by inadequate doses (having in mind, we opine, the so-called-infinitesimal doses) “to an attempt to batter down the walls of Sebastopol” with “a thimble-ful of gunpowder;” and, while referring to the preponderance which (and we entirely agree with him) should be given to proper diet and hygienic measures, avows his “full faith in the

value of medicines when judiciously administered."—(P. 24.) One more extract and we must conclude our imperfect analysis of this eloquent, sound and most practical address. "By a competent knowledge of the properties of the articles of food and drink, and their effects on the living organism, we may at least co-operate with nature, if we cannot wholly dispense with drugs."—(P. 25.)

While those who had the good fortune to hear this discourse from the lips of the speaker will gladly refresh their recollections by a perusal of it in its present neat dress, the many absent members of the profession will eagerly seek it, and be amply rewarded.

A number of well-written obituary notices are appended. Several of those removed by death from the ranks of the Massachusetts Medical Society during the past year, were very highly distinguished by their professional attainments, and had won the esteem and affection of a large circle of associates.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 16, 1855.

ACKNOWLEDGMENTS FROM PATIENTS TO PHYSICIANS.

MESSRS. EDITORS,—Under the head of "Acknowledgments from Patients to Physicians" in your last number, you made some remarks upon which I wish to say a few words.

I cannot think that the charge of ingratitude upon the community generally, or on the majority of patients individually, is well founded. It is true that physicians are not the objects of elegant testimonials, services of plate, gold-headed canes, and other articles, with which people see fit, in these latter days, to reward the faithful services of police-men and railroad conductors. And I rejoice that they are not thus treated. Such presentations have come to be merely the reward for common honesty, for the faithful performance of duty, and are not to be desired by those who acknowledge the sacred character of those obligations, who would rather blush to think that the uprightness from which they could not swerve, needed any reward.

Gratitude, in whatever form it expresses itself, is sweet; and no one would feel hurt at the spontaneous exhibition of it by the friend whose pain he has relieved, or whose life has been saved by his efforts. It is, next to the approbation of conscience, the chief compensation for our trials. But I believe that the modesty which is generally found with the highest worth—such as it is with our respected friend, whose late return has called forth your remarks—shrinks instinctively from public demonstrations of gratitude. The sensitiveness of real desert dreads the parade of its merits; and the more so, as suspicions of the spontaneousness of the tribute paid will creep into the mind when the tribute is offered by a community.

But I am forgetting the clause in your remarks which particularly stimulated me to reply to it. It was your reference to clergymen—to the much injured clergy. Much injured, because they are so often settled upon salaries which will not furnish them with the necessaries of life, and promised a supply of the deficiency by the bounty of their parishioners! Their independence is lost, they are made beggars by the position in which we

place them, from the moment they enter upon their theological studies; they are taught to receive, as the result of devout charity, their daily bread from the hands of men who fancy themselves laying up treasures in heaven by this sort of alms-giving; they are expected to look upon their rich parishioners as their great benefactors. And the man must be noble indeed, who does not, in such a position, become a fawning sycophant upon those whose guide and spiritual director he was intended to be.

The laborer is worthy of his hire. We cannot be too thankful that we have our reward in grateful hearts, or in the fair equivalent in money for our services. Let us not attempt to confuse them. Take the just payment of fees for our labor, and welcome every demonstration of gratitude which the warm hearts of friends bestow. But let us not encourage the doling out of gratitude by weight and measure. Such service as a physician often renders, cannot be paid for in money. The pecuniary return is but the conventional arrangement for giving us our required portion of the necessities and comforts of life; it has no connection with the heart's emotions. Let us not confound them together. Let us rejoice that we are not paid with "donation parties;" that we are not required to consider ourselves the favored dependents on a circle of patients, who call upon us for gratitude in return for the support they give us. Let us not take any step to throw away our independence. *

[We cheerfully publish the foregoing remarks, elicited by an editorial article referred to,—and the more so, that it enables us to rectify what we believe to be a misunderstanding of our ideas by an esteemed correspondent.

While we maintain that our assertion is correct, as to the recognition of the physician's services by the community at large, in modes which have become so usual towards the other professions, we are no more desirous than is our correspondent, of receiving "services of plate," or a "gold-headed cane," albeit the latter was formerly the indispensable *Vade Mecum* of every respectable son of *Æsculapius*! Nor did we intend to place the profession precisely upon a par with "policemen and railroad conductors," although the vigilance of the one and the *straightforwardness* of the other are qualities commendable in our calling as well as in theirs; the community, however, in general having a far truer appreciation of it in them.

We would repudiate the idea that "common honesty" must be always specially "rewarded," and have never yet been able to discover why commanders of ocean steamers have always been thought quite neglected men unless they received a service of plate for doing nothing but arriving with their vessel, and exercising common politeness to their passengers on a voyage absolutely remarkable in nothing but its brevity, and which latter was to be ascribed to a smooth sea and well-working machinery.

Our correspondent can hardly, we believe, set us down to be gift-seekers, merely because we maintain that occasional recognition of professional services, in other ways than by pecuniary recompense, is gratifying, while it is confessedly rare. Moreover, we quite distinctly referred to the pleasure experienced by demonstrations of gratitude, which, in itself, is often far more acceptable than money. There are no rules without exceptions; we were insisting that, by the vast majority of patients, the physician's attentions are regarded too much in the light of mere mechanical operations, for which the fee is enough of a return, and, in some instances, a favor into the bargain!

The physician who could not, in his circle of practice, point out very

many who are quite the antipodes of such as are above referred to, would be indeed unfortunate. We are happy in being able to render favorable testimony upon the point at issue; and must ask our correspondent to give us some little credit for an "instinctive shrinking" from "public demonstrations of gratitude." We rather referred to that "sweet gratitude" which expresses itself delicately, if only in words or by a look; whose manifestation is, to us, far more cheering and beautiful, when made by the simple gift of a flower, or of a ring drawn from her own finger, by a dying patient, and sent to her physician with a parting blessing—than by all the "elegant testimonials" ever *publicly* rendered. Public recognitions of medical services are appropriate only in the case of quite advanced and deserving men, and should ever be the "spontaneous" offering of the community in which they dwell, and never drawn out, painfully, by the subscription-paper process. It certainly is a very pleasant thing to have many individuals, at nearly the same time, feel a desire to show an appreciative attention to a long-tried medical friend, especially if his toils have been, of necessity, but ill requited.

We fully agree with our critic in reference to the miserably small salaries of clergymen, and think it a duty we owe to them, as a body of men watchful for our highest interests, to put them quite above the reach of earthly anxieties. Many of them are mere slaves—even more so than physicians; and we despise the calculating meanness which, in some cases, cuts down the minister's salary to the very lowest estimate; it is too much like letting out a *job of work* to the cheapest bidder!

Far, then, from "encouraging the doleing out of gratitude by weight and measure," we hold to its highest interpretation, and have long since learned that "the pecuniary return is but the conventional arrangement for giving us our required portion of the necessaries and comforts of life;" and that "it has no connection with the heart's emotions."

While we are most happy to acknowledge the claims of the clergy to that higher rate of provision for earthly comforts they so well deserve, we wish we could record in their favor the renunciation by them of that marked proclivity to encourage medical pretenders, which, while it must inevitably, at some period, injure them, personally, or in their families and friends, throws the weight of their influence against a profession whose members have ever been ready to render them their best attentions, without even a wish for any pecuniary return.

THE IGNATIA AMARA.

In our last volume (p. 153), we published a communication relative to the dangerous character of this remedy, and the injury likely to result from its extensive use as an ingredient in a quack medicine, which will probably be swallowed, to a considerable extent, by our credulous people. Had Butler lived in these days, he would not have said

"The pleasure is as great,
In being cheated as to cheat."

No one who knows the extent to which quack medicines are sold, doubts that the pleasure is vastly *greater*, especially when the thousands who are cheated are compared with the hundreds who cheat. We are again called upon to notice this subject by the appearance of a pamphlet setting forth the virtues of the "Ignatia Amara Pills." The writer pretends to have been indebted to "Hill's well-known Family Herbal" for his acquaintance with this powerful agent; but if he had looked into any work of standing

on the *materia medica*, he would have been put in possession of all its properties. We need but remind our readers, that, as stated by our correspondent, the active principle of the bean of St. Ignatius is *strychnia*, of which it contains thrice the quantity found in the *nux vomica*. Of course, if these pills really contain this dangerous ingredient, they cannot be used as a popular remedy without danger. The probability is, however, that the *ignatia* is used only as a name to facilitate the sale of the article, and that the pills are inert.

RESIGNATION OF DR. JACOB BIGELOW.

WE regret to announce the resignation of Dr. JACOB BIGELOW, as one of the physicians of the Massachusetts General Hospital, with which institution he has been connected for nineteen years. Notwithstanding the pressing demands of a large and successful practice, and those of his situation as professor of *materia medica* and clinical medicine, in the College, not to mention his extensive literary occupations in medicine and other departments of science, he has always been distinguished for the faithful and conscientious discharge of his duties at the Hospital. The numbers of our profession who have been his pupils, will long remember his patience and zeal in the investigation of morbid phenomena, his skill in the treatment of disease, the sound and valuable instruction which he freely imparted to all who sought it, and his kindness and consideration towards his patients.

At a meeting of the Trustees of the Hospital, last week, Dr. AUGUSTUS A. GOULD, was unanimously elected to supply the place left vacant by Dr. Bigelow's resignation. We believe that a more fortunate selection could not have been made, either for the interests of the Hospital or for those of the profession.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE connection of the successful competitor for this prize with the editorial department of the *Journal*, may seem to suggest the propriety of our making no allusion to the subject of the decision of the Boylston Medical Committee for this year. It has always been customary, however, to announce the name of the fortunate candidate, and we see no reason for withholding from our readers the fact that a premium of one hundred and twenty dollars, or a gold medal of that value, was awarded to WILLIAM W. MORLAND, M.D., for the best dissertation on the subject of The Diagnosis of the Diseases of the Urinary Organs. We refer our readers to the advertisement on our last page, for the subjects for the next, and succeeding years.

F. M.

Dr. J. Y. Simpson's *Obstetric Work*.—Dr. H. R. Storer has mentioned to us that a few copies of Vol. I. of the Edinburgh edition of the above work are on sale at Messrs. Little & Brown's store. Price, per volume, \$4.50; being only a small advance on the cost in Edinburgh.

The American edition, which we learn is to be in the best style of Lippincott, Grambo & Co., is rapidly progressing.

Deaths in Boston for the week ending Saturday noon, Aug. 11th, 105. Males, 51—females, 51. Accidents, 4—bronchitis, 1—inflammation of the brain, 3—disease of the brain, 1—congestion of the brain, 3—consumption, 13—convulsions, 6—cholera infantum, 13—croup, 1—dysentery, 13—dropsy, 1—dropsy in the head, 4—debility, 1—infantile diseases, 9—disease of the spine, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—killed by drinking alcohol, 1—hooping cough, 2—disease of the heart, 1—disease of the liver, 1—marasmus, 5—measles, 1—palsy, 2—suffocation, 1—smallpox, 1—suicide, 1—teething, 3—thrush, 2—unknown, 2.

Under 5 years, 63—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 82—Ireland, 16—England, 3—British Provinces, 4.

The Physician.—Here is a tribute, well-deserved, to a profession to which society owes a vast debt:—

"No class of men in the regular discharge of duty, incur danger more frequently than the honest physician. There is no type of malignant maladies with which he fails to become acquainted; no hospital so crowded with contagion that he dares not walk freely through its wards. His vocation is among the sick and dying; he is the familiar friend of those who are sinking under infectious disease; and he never shrinks from the horror of observing it under all its aspects. He must do so with equanimity; as he inhales the poisoned atmosphere, he must coolly reflect on the medicines which may mitigate the sufferings that he cannot remedy. Nay, after death has ensued, he must search with the dissecting knife for its hidden cause, if so by multiplying his own perils he may discover some alleviation for the afflictions of others. And why is this? Because the physician is indifferent to death? Because he is steeled and hardened against the fear of it? Because he despises or pretends to despise it? By no means. It is his especial business to value life; to cherish the least spark of animated existence. And the habit of caring for the lives of his fellow-men is far from leading him to an habitual indifference to his own. The physician shuns every danger but such as the glory of his profession commands him to defy."

Congress of Dentists.—The American Congress of Dentists met in Philadelphia August 2, and delegations from all parts of the world are attending it. The sessions thus far have been private, and devoted to business entirely, but the future sessions will be open to the public. Among the subjects for discussion will be, the propriety of administering chloroform to patients.

Antiseptic Properties of Cotton.—Two German chemists, MM. Schröder and Dusch, have recently made the remarkable discovery, that air filtered through cotton loses its property of inducing putrid fermentation in dead organic matter. A substance capable of fermentation was placed in a glass globe hermetically sealed, by a cork stopper covered with wax, through which passed two tubes, one communicating with the filter, the other attached to a gasometer, which could be emptied of the water contained in it by a stop-cock. The water being allowed to flow in drops, the vacuum in the gasometer was filled by air from the globe, which must pass through the filter of cotton. Boiled beef and soup remained unchanged in this apparatus for several weeks.—*Gazette des Hopitaux.*

Accidental Poisoning.—A correspondent (Dr. J. H. Blake, of North Auburn, Me.) mentions a case of poisoning by arsenic, which occurred lately in his practice, the mineral forming an ingredient of the coloring matter used for staining paper. A child was taken sick after chewing a green pasteboard show-card. An active emetic was administered immediately, and the boy was well the next day. On examination, it was found that the card was painted, or enamelled, with a preparation of arsenic.

Milk an Article of Food, not a mere Beverage.—This has been determined legally the other day by the Court of Cassation in Paris, and its decision is in accordance with sound physiological principles. After this, the person who adulterates milk, no longer commits a simple contravention of the acts of police, with a penalty of 15 francs fine, and imprisonment of from 24 hours to 8 days; he now may be found guilty of a misdemeanor, and punished with a fine of 50 francs, and imprisonment of from three months to a year.—*Gazette des Hopitaux.*

Prevention of Abdominal Typhus by Vaccination.—M. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between small-pox and typhus fever. He asks if, admitting this connection to exist, it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combated by vaccination practised on the skin.—*Gazette Med.*

It has been proposed to add tartar emetic to the phosphorus paste employed in making friction matches, in order, by inducing vomiting, to prevent the accidents which sometimes occur to children from eating them.